

XC-14 294 247
SL 17142

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026878
STATE FILE NUMBER

318

1003

Registrar's No. 7020

WED JUL 28 1958

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN MARVIN TERRACE OVERLAND 4221	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 27 3504 DIX AVE.	
Length of stay in lb 14 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDMUND Middle ERNEST Last DAVIS		4. DATE OF DEATH Month JULY Day 14 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/29/24
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	
11. BIRTHPLACE (City and state or country) ALTENBURG, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CLARENCE DAVIS		13b. MOTHER'S MAIDEN NAME OLGA BODENSCHACHT	
14. NAME OF HUSBAND OR WIFE LILLIAN D. DAVIS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW-2	
16. SOCIAL SECURITY NO. 486-32-6309		17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC MYELOCYTTIC LEUKEMIA DUE TO (c) - - - 2041			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - -			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour VA Month 7 Day 14 Year 1958		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY ST. LOUIS STATE MO.	
21. I attended the deceased from 6/30/58 to 7/14/58 and last saw him alive on 7/14/58 Death occurred at 3:04 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Martin J. Wohl</i> (Degree or title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 7/14/58		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 7-17-58		23c. NAME OF CEMETERY OR CREMATORY MARTIN J. WOHL, M.D. Memorial Park	
23d. LOCATION (City, town, or county) Jennings, Missouri		24. FUNERAL DIRECTOR 2504 Woodson Rd. Baumann Bros. Inc. Overland, Mo.	
25. DATE RECD. BY LOCAL REG. JUL 15 58		26. REGISTRAR'S SIGNATURE <i>Earl Smith</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 13454

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.